

**BEFORE THE  
ALABAMA PUBLIC SERVICE COMMISSION**

**APPLICATION OF**

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**(COMPANY NAME)**

**FOR CERTIFICATE OF  
PUBLIC CONVENIENCE AND NECESSITY  
TO PROVIDE  
INMATE PHONE SERVICE  
WITHIN THE STATE OF ALABAMA**

**(THIS SPACE FOR COMMISSION USE ONLY)**

**DOCKET NUMBER:** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

APPLICANTS PLEASE NOTE: APPLICATIONS MAY BE SUBMITTED VIA THE ALABAMA PUBLIC SERVICE COMMISSION WEBSITE AT [HTTP://WWW.PSC.ALABAMA.GOV/](http://www.psc.alabama.gov) . THE ORIGINAL APPLICATION AND ANY REQUIRED ATTACHMENTS MUST BE COMPLETED BEFORE FILING WITH THE COMMISSION. INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT WITHOUT ACTION. ATTACH ADDITIONAL SHEETS WHERE NECESSARY.

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**SECTION 1**

**GENERAL**

**1.1** Application for Certificate of Public Convenience and Necessity to provide Inmate Phone Service (IPS) in the State of Alabama.

**1.2** Name of company:

\_\_\_\_\_  
\_\_\_\_\_

Company address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Company website, if applicable: \_\_\_\_\_

Designated company contact person: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contacts telephone number, address and e-mail (**if different from above**):

Telephone number: (    ) \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Section 2

**ORGANIZATION**

**2.1** Type of organization (Check one):

- Corporation
- Limited Liability Corporation (LLC)
- Individual
- Partnership
- Other (Please specify):

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**2.2** If filing as a Corporation:

Attach a copy of Articles of Incorporation and current by-laws.

Foreign Corporations must attach a copy of the Certificate of Authority to transact business in the State of Alabama issued by the Corporations Division, Alabama Secretary of State.

**2.3** If filing as a partnership:

Attach a copy of the Partnership Agreement.

Attach a list showing the names, addresses and contact information for all partners.

**2.4** Non-Residents must designate an agent for services in Alabama upon process may be served:

Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Section 3

**EXISTING AUTHORITY**

**3.1** Does the applicant or any of the applicant's affiliated companies hold a current Certificate of Authority issued by the Alabama Public Service Commission for the following classes of service?

Customer Owned Coin Operated Telephone (COCOT or PSP): Docket \_\_\_\_\_

Competitive Local Exchange Carrier (CLEC): Docket \_\_\_\_\_

Toll Resale: Docket \_\_\_\_\_

Interexchange Carrier (IXC): Docket \_\_\_\_\_

Shared Tenant Service Provider (STS): Docket \_\_\_\_\_

**3.2** Does the applicant or any of the applicant's affiliated companies hold certificate authority for Inmate Phone Service in any other state or territory?

( ) Yes

( ) No

If Yes, list the locations:

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**3.3** Has the applicant ever been denied certification in any state?

( ) Yes

( ) No

If Yes, list the state and the reason(s) for denial:

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**3.4** Has the applicant ever been subject to revocation of authority by any state?

( ) Yes

( ) No

If Yes, list the state and the reason(s) for the revocation:

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Section 4

**MAINTENANCE AND REPAIR**

**4.1** List the manufacturer(s) of Inmate Phone Service equipment and software to be installed in institutions.

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**4.2** Describe the capabilities, features and specifications of the system to be installed. Include brochures if available.

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**4.3** How does applicant plan to conduct service, maintenance and repairs on equipment?

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**4.4** Identify and describe fully the qualifications of the technician(s) responsible for the maintenance and repair of the system.

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Section 5

**TARIFFS**

**5.1 Each applicant shall file tariffs outlining the terms, conditions, rates, fees and collection methodologies that are applicable to the provision of Inmate Phone Service in the State of Alabama.**

**5.2** When the company makes changes in the rules and regulations, or other provisions of the tariff, to include client specific tariffs, and official tariff filing shall be made to the Alabama Public Service Commission, addressed as follows:

Secretary  
Alabama Public Service Commission  
P. O. Box 304260  
Montgomery, AL 36130

For Overnight Delivery:

Secretary  
Alabama Public Service Commission  
RSA Union Building  
100 North Union Street  
Suite 950  
Montgomery, AL 36104

Section 6

**INMATE PHONE SERVICE (IPS) RULES AND RELEVANT ORDERS**

**6.1** Please refer to the following Alabama Public Service Commission rulings and orders, accessed on the Commission website, relevant to the provision of Inmate Telephone Service:

- Docket 30632: Inmate Phone Service and the Telecom Act of 2005, Generic Proceeding
- Docket 15957: Generic Proceeding Considering the Promulgation of Telephone Rules Governing Inmate Phone Service (see also, Order to Correct Erratum and for Clarification) under Docket 15957
- Docket 19278 and 20326: COCOT Toll Decrease Authority
- Docket 22505: Investigation of operations at Bullock County Correctional Facility

**6.2** Applicant must pay the annual inspection and supervision fee as required under Section 37-2-41, Code of Alabama 1975.

**6.3** Applicant understands and agrees that the Commission will be informed of any change in ownership, contact person, or any changes in names or addresses contained herein within thirty (30) days of such change.

**6.4** Applicant will file annually, no later than June 1 of every year, a list of current locations and contract termination dates for all facilities served by the provider of Inmate Phone Service.

**6.5** Applicant understands that the filing of this application does not constitute operating authority in the State of Alabama and will submit additional materials as the Commission may require.

**6.6 Applicant hereby affirms that he/she will provide Inmate Phone Service in compliance with all applicable Alabama Public Service Commission orders and rulings. Furthermore, as required by the Alabama Public Service Commission, Telephone Rule T-13 (Transfers and Acquisitions), the Commission shall be notified of any changes in names or addresses contained herein, within thirty (30) days of such changes.**

Section 7

**FINANCIAL**

**7.1** Attach a current certified financial statement including balance sheet and income statement.

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**(Signature of Applicant)**

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**(Date)**